

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002318  
STATE FILE NUMBER

AMENDED		Registration District No. 157		Primary Registration District No. 3028		Registrar's No. 15	
FILED JAN 30 1962							
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) CARTHAGE				Length of stay in 1b 10 YRS.		c. CITY OR TOWN CARTHAGE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA MCCUNE BROOKS HOSP.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1147 CASE	
3. NAME OF DECEASED (Type or print) First ELDEN Middle IVAN Last PARKER				4. DATE OF DEATH Month 1/21/62 Day Year			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/29/90	
						9. AGE (last birthday) 71	
						IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOREKEEPER				10b. KIND OF BUSINESS OR INDUSTRY GROCERY		11. BIRTHPLACE (City and state or country) ASH GROVE, MO.	
						12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE PARKER				13b. MOTHER'S MAIDEN NAME OLLIE MCINTIRE		14. NAME OF HUSBAND OR WIFE HENRIETTA M. PARKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO				17. INFORMANT Address 52 MRS. E. I. PARKER, CARTHAGE, MO.			
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction Due to Coronary Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH 30 min			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-24-62 4:30 P. to 1-21-62 and last saw him alive on 1-21-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W. J. Mc New</i> (Degree or title) M.D.				22b. ADDRESS 1515 HAZEL, CARTHAGE, MO.		22c. DATE SIGNED 1-22-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1/24/62		23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY		23d. LOCATION (City, town, or county) CARTHAGE MO.	
24. FUNERAL DIRECTOR JLMEER FUNERAL HOME, CARTHAGE, MO.		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-24-62		26. REGISTRAR'S SIGNATURE <i>W. J. Mc New</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

JAN 30 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Malvin Lavell*

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.